


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 5 0 7 - 0 6 6	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 1 Through 1 2 3 1 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name M A R I A E L E N A Last Name D U R A Z O P.O. Box - Building and Room Number (if any) Number and Street 3 2 1 S . B I X E L S T . City L O S A N G E L E S State ZIP Code + 4 C A 9 0 0 1 7 -		
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 11	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION

Item Number	
-------------	--

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Mariela Durazo</u> <u>3-18-02</u> <u>213 481-8530</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>M. June [Signature]</u> <u>3/19/02</u> <u>213 481-8530</u> Date Telephone Number	TREASURER (If other title, see instructions.)
--	--	---	--

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☐ ☒
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 9 0 3 0
19. What is the date of your organization's next regular election of officers? MO 1 2 YEAR 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ 32.50-36.00	per month (Month, Year, etc.)
(b) Initiation Fees	\$ 45.00-65.00	
(c) Transfer Fees	\$.25-16.00	
(d) Work Permits	\$ 2.00	per event (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 7 - 0 6 6

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	8 0 5 2 9 9	1 2 4 6 9 5 0
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	1 4 3 5	1 4 3 5
	30. Fixed Assets.....	5	1 3 5 7 0 6	1 3 3 0 0 6
	31. Other Assets.....	3	8 0 5 1	7 5 5 5
	32. TOTAL ASSETS.....		9 5 0 4 9 1	1 3 8 8 9 4 6
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....		0	0
	37. TOTAL LIABILITIES.....	4	0	0
38. NET ASSETS (Item 32 less Item 37).....		9 5 0 4 9 1	1 3 8 8 9 4 6	

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 507 - 066

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			3 7 9 6 0 0 7	56. To Officers.....	9		1 6 3 7 3 1
40. Per Capita Tax.....			0	57. To Employees.....	10		1 1 8 5 1 6 4
41. Fees.....			0	58. Per Capita Tax.....			1 5 3 3 1 7 2
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		2 1 7 6 7 3
44. Work Permits.....			1 8 4 1 8	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			1 0 9 1 2 6
46. Interest.....			2 8 3 9 2	63. Benefits.....	11		3 4 1 8 9 8
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		2 6 5 8 6
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			1 3 6 1 9 9
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			3 1 9 7 9 6
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		2 1 9 0 2
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			0	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		1 3 0 9 5 5 2	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		6 5 5 4 7 0
55. TOTAL RECEIPTS.....			5 1 5 2 3 6 9	74. TOTAL DISBURSEMENTS			4 7 1 0 7 1 7

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 507 - 066

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1 4 3 5
2. Total Book Value	1 4 3 5
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Hollywood Park	1 4 3 5
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 4 3 5
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. Security deposits	7 5 5 5
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7 5 5 5
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 7 - 0 6 6

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 321 S. Bixel	3 2 0 0 0		3 2 0 0 0	2 1 1 5 0 8
2. Totals from additional pages (if any)				
3. Buildings (give location): 321 S. Bixel	3 8 5 6 2 0	3 6 1 0 4 6	2 4 5 7 4	2 0 8 2 5 4
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	3 1 7 5 2 0	2 4 1 0 8 8	7 6 4 3 2	7 6 4 3 2
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	7 3 5 1 4 0	6 0 2 1 3 4	1 3 3 0 0 6	4 9 6 1 9 4
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 7 - 0 6 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Lazer printers	3 0 9 2	3 0 9 2	3 0 9 2
2. Chair/Organizer	2 3 8	2 3 8	2 3 8
3. File Cabinet	2 1 6	2 1 6	2 1 6
4. File Cabinet	4 6 4	4 6 4	4 6 4
5. Totals from additional pages (if any)	1 7 8 9 2	1 7 8 9 2	1 7 8 9 2
6. Totals of Lines 1 through 5	2 1 9 0 2	2 1 9 0 2	2 1 9 0 2
	7. Less Reinvestments		0
	8. Net Purchases		2 1 9 0 2

The total from Line 8 is entered in Item 68

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0

The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34
Column (C) with Explanation Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 7 - 0 6 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	DURZAZO MARIA PRESIDENT	C	3 5 8 5 7	0	1 1 6 7 6	0	4 7 5 3 3
2.	GARCIA RON V.P.	C	3 1 2 6 5	0	8 1 6 4	0	3 9 4 2 9
3.	GUTIERREZ FRANK FINANCIAL SECRE	C	2 1 4 2	0	0	0	2 1 4 2
4.	CANDELARIA ELLIE EX. BOARD	C	1 1 5 5	0	0	0	1 1 5 5
5.	MANZANO ALVARO EX. BOARD	C	2 1 0 0	0	0	0	2 1 0 0
6.	SANTAMARIA MARTHA EX. BOARD	C	3 2 7 7 3	0	3 7 2 8	0	3 6 5 0 1
7.	STEPHENS SEAN EX. BOARD	C	3 9 7	0	0	0	3 9 7
8. Totals from additional pages (if any)			6 3 2 6 7	0	8 4 9 5	0	7 1 7 6 2
9. Totals of Lines 1 through 8			1 6 8 9 5 6	0	3 2 0 6 3	0	2 0 1 0 1 9
					10. Less Deductions	3 7 2 8 8	
The total from Line 11 is entered in Item 56					11. Net Disbursements	1 6 3 7 3 1	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 7 - 0 6 6

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
ARMAS 1. ADMIN.	TERESIT		4 6 4 0 0	0	1 3	0	4 6 4 1 3
CARRANZA 2. ADMIN	SYLVIA		3 3 7 4 8	0	5 5 3 9	0	3 9 2 8 7
GONZALEZ 3. ADMIN	PAULINA		3 7 9 6 9	0	2 8 4 6	0	4 0 8 1 5
HERNANDEZ 4. ADMIN	JOSE		2 8 2 2 0	0	0	0	2 8 2 2 0
HERNANDEZ 5. ADMIN.	NANCY		2 3 4 5 9	0	0	0	2 3 4 5 9
6. Totals from additional pages (if any)			9 9 6 1 5 4	0	1 2 1 1 9 4	0	1 1 1 7 3 4 8
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			1 6 0 3 9 6	0	1 1 7 3 4	0	1 7 2 1 3 0
8. Totals of Lines 1 through 7			1 3 2 6 3 4 6	0	1 4 1 3 2 6	0	1 4 6 7 6 7 2
					9. Less Deductions		2 8 2 5 0 8
The total from Line 10 is entered in Item 57					10. Net Disbursements		1 1 8 5 1 6 4

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 7 - 0 6 6

Description (A)	To Whom Paid (B)	Amount (C)
1. Health and Welfare	Trust	2 1 3 1 7 8
2. International Pension	Trust	1 2 6 5 2 0
3. International Death Benefit	Beneficiary	2 2 0 0
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 4 1 8 9 8
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Flowere&gifts	9 0
2. Local issues&candidates	2 6 4 9 6
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 6 5 8 6
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Temporary help	3 2 8 3
2. Insurance	3 1 9 8 5
3. Bank charges	5 6 1
4. Processing fees	5 6 9 0
5. Computer support	1 6 1 9
6. Utilities	1 6 2 2 9
7. Total from additional pages (if any)	1 5 8 3 0 6
8. Total of Lines 1 through 7	2 1 7 6 7 3
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Donations and relief fund	4 1 6 3 4
2. Reimbursement(copies&bad checks)	2 0 0
3. International death benefits	1 7 0 0
4. Insurance reimbursement	1 7 8 4
5. Voided checks	3 0 0
6. Cash over	4 2 0 1
7. Redeposit of bad checks	2 6 6 5
8. Refunds-Miscellaneous	7 8 2 7
9. Reimbursements-IU	8 6 0 2 1
10. Reimbursements-AFL-CIO	1 1 0 0 0 0 0
11. Reimbursements-SITRABI	6 0 0 0 0
12. Refund security deposit	4 2 1
13. Vending Machine	2 7 9 9
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 3 0 9 5 5 2
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Taxes and licenses	1 5 7 9 5
2. Rental expense	5 9 7 4 8
3. Permits and fees	7 1
4. Tickets-Amusement	2 1 5
5. Vehical rental	2 1 6 6
6. Education/training/retreats	2 7 7 5 6
7. Industrys Meetings	1 5 4 6 1
8. Advertising	1 1 3 8 4
9. Miscellaneous	3 1 1 7
10. Reimb. Local 814-Organ.	3 7 8 5 9 2
11. Reimb. Clue IHOP Organ.	3 4 7 4 2
12. Reimb. LAANE IHOP Organ.	1 8 9 6 0
13. Purchase promotional items	1 9 9 5 7
14. Rallies and activities	4 2 9 8
15. Vending machine supplies	1 5 5 9
16. Total from additional pages (if any)	6 1 6 4 9
17. Total of Lines 1 through 16	6 5 5 4 7 0
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 066

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
MENDOZA CARMEN EX. BOARD	C	2 7 7 2 2	0	1 5 9 0	0	2 9 3 1 2
CORTEZ ANA EX. BOARD	C	1 2 0 1	0	0	0	1 2 0 1
RUIZ IGNACIO EX. BOARD	C	9 8 2 2	0	1 4 3 4	0	1 1 2 5 6
MARTINEZ MARIO EX. BOARD	C	8 3 4	0	0	0	8 3 4
ROJAS ROCIO EX BOARD	C	2 4 5 4	0	0	0	2 4 5 4
RIPOLL RAUL TRUSTEE	C	1 1 2 2	0	0	0	1 1 2 2
SEVILLA ALBERTO TRUSTEE	C	9 5 5 5	0	1 6 6 8	0	1 1 2 2 3
VILLALOBOS MARIA TRUSTEE	C	4 5 0	0	0	0	4 5 0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 507 - 066

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
OJEDA CARLOS COUNSELOR	C	1 0 1 0 7	0	3 8 0 3	0	1 3 9 1 0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
ILIFF	CAROLE	1 1 3 1 4	0	0	0	1 1 3 1 4
ADMIN						
LOZANO	CYNTHIA	3 1 2 4 0	0	0	0	3 1 2 4 0
ADMIN						
MANSOORIAN	KAREN	4 6 5 9 7	0	1 6 2 1	0	4 8 2 1 8
ADMIN						
OROZCO	ANITA	3 6 2 3 1	0	3 3 8	0	3 6 5 6 9
ADMIN						
QUINONEZ	ADEL	3 0 3 0 7	0	0	0	3 0 3 0 7
ADMIN						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
RIVERA	DAVID	1 6 9 0 1	0	0	0	1 6 9 0 1
ADMIN						
RODRIGUEZ	RAQUEL	4 0 0 5 8	0	4 7 3	0	4 0 5 3 1
ADMIN						
MINEROS	JOSE	2 4 9 2 9	0	0	0	2 4 9 2 9
MAINTENANCE						
BARRAGAN	ORTEGA	2 0 6 7 6	0	3 4 9 8	0	2 4 1 7 4
FIELD						
BARRERAS	GISELDA	4 2 8 2 6	0	6 2 1 7	0	4 9 0 4 3
FIELD						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 066

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
BLAUSTEIN	NITZA	2 9 6 8 5	0	7 2 2 0	0	3 6 9 0 5
FIELD						
CHAVEZ	ALVARO	9 4 6 1	0	1 6 1 7	0	1 1 0 7 8
FIELD						
FRUTOS	MARICEL	2 5 2 3 3	0	5 9 0 8	0	3 1 1 4 1
FIELD						
LYNCH	AUSTIN	2 0 9 3 3	0	3 9 4 0	0	2 4 8 7 3
FIELD						
MANSOORIAN	KARINE	5 2 0 5 0	0	1 0 2 9 8	0	6 2 3 4 8
FIELD						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 066

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
MATA	ROSALBA	2 3 2 9 4	0	4 2 9 0	0	2 7 5 8 4
FIELD						
MINATO	SUSAN	4 8 1 0 5	0	7 4 7 8	0	5 5 5 8 3
FIELD						
MORALES	HIPOLIT	1 7 2 9 4	0	3 6 8 1	0	2 0 9 7 5
FIELD						
NARANJO	BLANCO	1 8 8 2 4	0	6 0 0	0	1 9 4 2 4
FIELD						
PASCUAL	FRED	4 6 5 9 7	0	6 5 3 8	0	5 3 1 3 5
FIELD						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
PAYNE FIELD LISA	4 0 0 8 0	0	7 2 9	0	4 0 8 0 9
QUIJANO FIELD PEDRITO	3 0 2 6 0	0	8 8 3 5	0	3 9 0 9 5
REEG FIELD KRISTIN	3 0 2 6 0	0	6 1 2 0	0	3 6 3 8 0
ROMAN FIELD MANUEL	2 7 6 7 1	0	9 6 6	0	2 8 6 3 7
RUBIO FIELD MARIA	3 9 0 5 7	0	6 3 3 4	0	4 5 3 9 1

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name	(B) Position	(C) Name of Affiliated Organization	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)							
(Enter employee's job title.)							
(if applicable)							
SILVA	BEATRIZ		3 4 1 1 0	0	4 5 7 8	0	3 8 6 8 8
FIELD							
VIERA	PRUDENC		2 8 6 7 8	0	5 7 3 2	0	3 4 4 1 0
FIELD							
CHAVEZ	CARL		3 7 9 0 0	0	5 0 7 8	0	4 2 9 7 8
FIELD							
GUARDADO	BETTY		2 5 1 3 5	0	7 2 0 6	0	3 2 3 4 1
FIELD							
KAWASHIMA	STEVE		2 8 8 8 2	0	2 3 2 4	0	3 1 2 0 6
FIELD							

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
LOWE FIELD AL	3 1 4 9 2	0	2 4 8 9	0	3 3 9 8 1
PULLEN FIELD SAMUEL	1 2 3 3 3	0	5 0 1	0	1 2 8 3 4
SMITH FIELD DEREK	2 3 1 5 4	0	5 7 1 7	0	2 8 8 7 1
GARCIA FIELD ARMANDO	1 4 5 8 7	0	8 6 8	0	1 5 4 5 5

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS (continued)

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
Office furniture	3 9 0	3 9 0	3 9 0
File cabinet/bookcase/chairs/workstation	4 2 1	4 2 1	4 2 1
Credenza	5 4	5 4	5 4
Cameras (4)	6 0	6 0	6 0
Chair/bookcase/desk/file	4 7 5	4 7 5	4 7 5
Monitor	1 7 3	1 7 3	1 7 3
Video Duplicator	4 4 5	4 4 5	4 4 5
Computer/video camera	9 0 8 5	9 0 8 5	9 0 8 5
PVC Cards printer	2 3 8 0	2 3 8 0	2 3 8 0
Fax and printer stand	1 7 3	1 7 3	1 7 3
File drawer	4 6 5	4 6 5	4 6 5
Printer/Fax	6 2 1	6 2 1	6 2 1
Printer	5 8	5 8	5 8
Palm card scanner	2 1 4	2 1 4	2 1 4
Office equipment/furniture	1 5 1 7	1 5 1 7	1 5 1 7
Office equipment/furniture	5 3 0	5 3 0	5 3 0
File Cabinets (2)	8 3 1	8 3 1	8 3 1

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 066

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
Telephone	4 5 7 1 1
Printing and copying	3 9 5 6 3
Postage and delivery	1 7 8 6 3
Photographs	5 7 4
Office supplies and expenses	2 8 4 1 3
Building Maintenance&Repair	6 3 9 4
Dues and subscription	1 5 1 1
Equipment maintenance&repairs	6 1 9 1
Equipment rentals	1 1 2 9 2
Interest	7 9 4

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 5 0 7 - 0 6 6

SCHEDULE 15 – OTHER DISBURSEMENTS *(continued)*

Description (A)	Amount (B)
Refund member dues	2 2 4 3 6
Returned NSF checks	4 6 5 1
Auto/Transportation expenses	3 4 5 6 2

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 066

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION

Item Number

11

Los Angeles Hotel and Restaurant Employees Union Welfare Fund, 130 S. Alvarado St. Los Angeles, CA
The purpose of this fund is to provide members with health and welfare benefits.

Los Angeles Hotel and Restaurant Employees Union Retirement Fund. 130 S. Alvarado St. Los Angeles, CA
The purpose of this fund is to provide members with retirement benefits.

Hotel Employees and Restaurant Employees International Union Welfare Pension Fund. P.O. Box 588 Naperville, IL 60566
The purpose of the fund is to provide members with retirement benefits.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
12	Hotel Employees and Restaurant Employees Union, Local 11 P.A.C. Filed with State of California Fair Political Practices Commission.

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

FILE NUMBER: 5 0 7 - 0 6 6

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	Maria Elena Durazo, H.E.R.E. International Union Title: V.P. at Large and Trustee for H.E.R.E. Union Local 531.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 0 6 6

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number

24

Local 11 entered into an automobile lease at \$450 per mo. through 12/02.

Local 11 is a guarantor on residences used for organizers. The local is obligated to pay rent in the amount of \$3,000 per month to BSD 1101 Laveta, LLC.

Local 11 entered into a lease agreement for its organizing office in the amount of \$1318 per month to 548 S. Spring St.

Local 11 is subject to the "Communications Workers Vs Beck" United States Supreme Court decision. Local 11 has not conducted its own audit nor implemented procedures to comply with the "Beck decision"

Local 11 may be contingently liable under the "Comprehensive Environmental Response, Compensation and Liability Act of 1980". Local 11 has not conducted its own site investigation.

Local 11 is exposed to a number of asserted and unasserted claims encountered in the normal course of business.